

YOUR DENTAL PREPAID OPTION



Plan year: 2016

Offered by Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.





You go the extra mile to be **healthy**
but you don't need to go it
alone.

With your Cigna Dental plan, we're with you all
the way – **in sickness and in health.**



Contents

- The importance of your oral health
- Cigna dental plans and how they work for you
- More than benefits, the information you need
- Helpful resources, the information you need
- How to enroll, get ready to smile
- Q&A, what you want to know



THE IMPORTANCE OF YOUR ORAL HEALTH



A healthy smile and a healthy body

Research shows an association between oral health and medical conditions such as diabetes, stroke, heart disease, preterm birth and more.

Covered medical condition	Did you know?
Maternity	Pregnant women with untreated chronic gum disease during the second trimester were up to eight times more likely to give birth prematurely. ¹
Stroke and heart disease	Those with gum disease may be twice as likely to suffer from heart disease and stroke. ²
Diabetes	Some studies show that gum disease may make it more difficult for people with diabetes to control their blood sugar. ³
Head and neck cancer radiation	Head and neck radiation can harm normal cells, including cells in the mouth. ⁴
Organ transplants	Due to compromised immune systems, organ transplant patients may need specialized dental care to avoid infections. ⁵
Chronic kidney disease	Researchers found that people with gum disease are more likely to have chronic kidney disease than those without this risk factor. ⁶

1. M. Bansal, et al. *Relationship Between Maternal Periodontal Status and Preterm Low Birth Weight*. Reviews in Obstetrics & Gynecology, 2013; Volume 6
2. American Academy of Periodontology. (2015, March 2). Gum disease links to heart disease and stroke. Retrieved from www.perio.org/consumer/mbc.heart.htm.
3. Periodontal (Gum) Disease: Causes, Symptoms, and Treatments. NIH Publication No. 13-1142 September 2013
4. National Cancer Institute: PDQ® Oral Complications of Chemotherapy and Head/Neck Radiation. Bethesda, MD: National Cancer Institute. Date last modified <11/08/2013>. Available at: <http://cancer.gov/cancertopics/pdq/supportivecare/oralcomplications/HealthProfessional>. Accessed <04/11/2014>
5. Dental Management of the Organ Transplant Patient. NIH Publication No. 13-6270 April 2013
6. A. Wahid, et al. *Bidirectional Relationship between Chronic Kidney Disease & Periodontal Disease*. Pakistan Journal of Medical Sciences. 2013 Jan-Mar; 29(1): 211–215



Cigna Dental Oral Health Integration Program®

More programs

Available to ALL Cigna Dental customers with qualifying condition(s)

More wellness

Articles on behavioral issues linked to oral health

More discounts

Up to 40% off* average retail prices on certain prescription dental products**

Dental Services	Heart Disease	Stroke	Diabetes	Maternity	Chronic Kidney Disease	Organ Transplants	Head and neck cancer radiation
Periodontal treatment and maintenance (D4341, D4342, D4910 ¹)	◆	◆	◆	◆	◆	◆	◆
Periodontal evaluation (D0180)				◆			
Oral evaluation (D0120 ² , D0140 ² , D0150 ²)				◆			
Cleaning (D1110 ³)				◆			
Emergency palliative treatment (D9110 ⁴)				◆			
Topical application of fluoride and topical application of fluoride varnish (D1206 ⁵)					◆	◆	◆
Topical application of fluoride – excluding varnish (D1208 ⁵)					◆	◆	◆
Sealants (D1351 ⁵)					◆	◆	◆
Sealant repair – per tooth (D1353 ⁵)					◆	◆	◆

1. Four times per year.

2. One additional evaluation.

3. One additional cleaning

4. No limitations.

5. Age limits removed, all other limitations apply.

* Pharmacy discounts are available through Cigna Home Delivery Pharmacy only. This is a discount and is NOT insurance. This discount is separate from your dental benefits and you are required to pay the entire discounted charge.

** Cigna Pricing Analysis of National Average Wholesale Price and Customer Costs, June, 2014.



Maximize your savings

CIGNA PREPAID DENTAL CARE®



*The term “DHMO” is used to refer to product designs that may differ by state of residence of enrollee, including, but not limited to, prepaid plans, managed care plans, and plans with open access features. There are no out-of-network benefits with a DHMO plan except in the case of emergencies. For residents of MN and OK coverage is available out-of-network. See the last slide for details about how DHMO plans work for residents of MN and OK.

The Cigna Dental Care plan is underwritten or administered by Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., **a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes**, Cigna Dental Health of Kansas, Inc. (Kansas and Nebraska), Cigna Dental Health of Kentucky, Inc. (Kentucky and Illinois), Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. In other states, the Cigna Dental Care plan is underwritten by Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or Cigna HealthCare of Connecticut, Inc. and administered by Cigna Dental Health, Inc.



Maximum savings



Up to 75% savings off average area charges**

No deductibles

No annual dollar maximums

Predictable costs for dental treatment



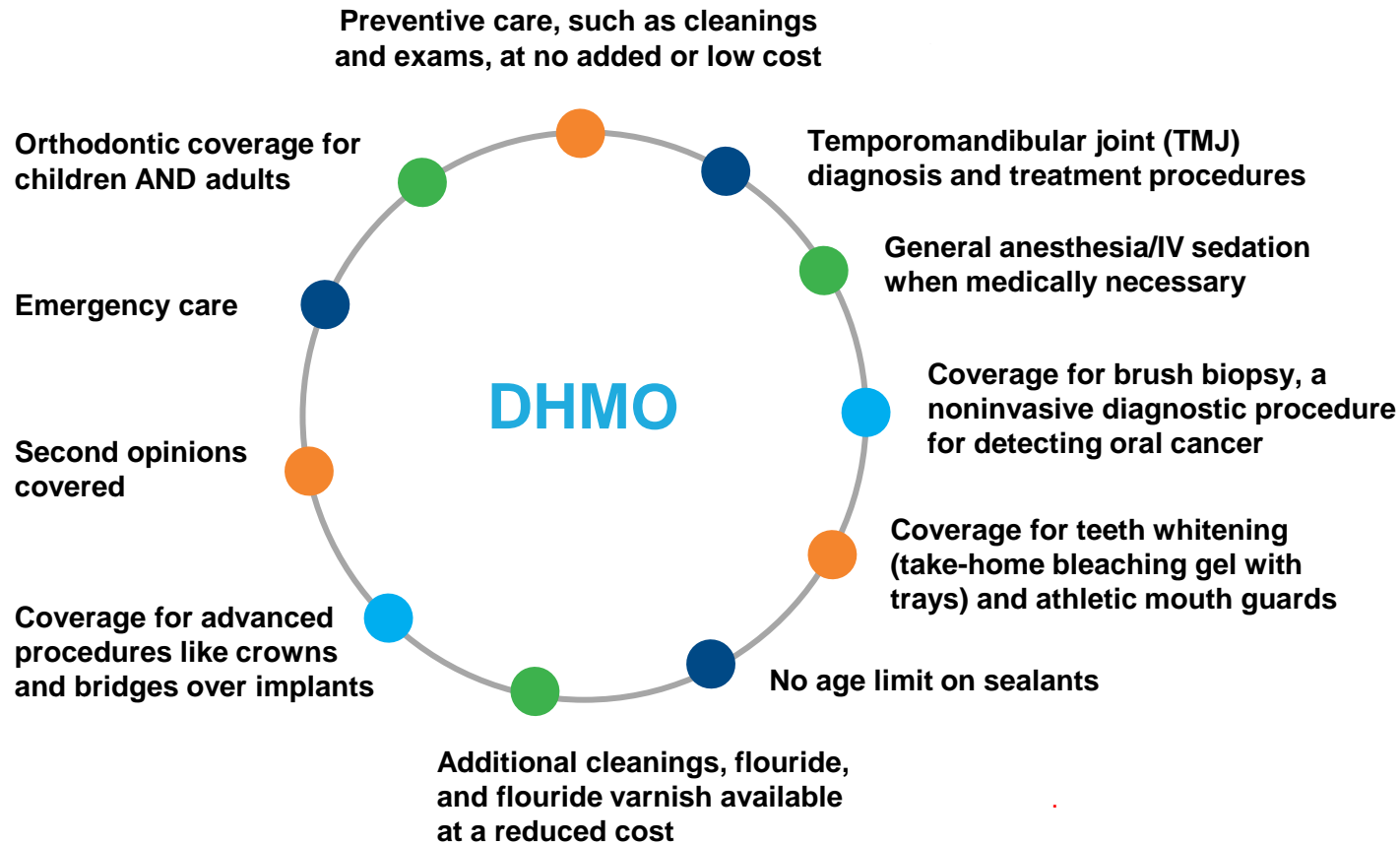
* There are no out-of-network benefits with a DHMO plan except in the case of emergencies. For residents of MN and OIK coverage is available out-of-network. See the last slide for details.

** The national average charges used in the calculation are based on a combination of Cigna and FAIR Health claim data projected to 7/1/2015 using a 3% annual cost trend. Calculation assumes customer out-of-pocket savings with Cigna DHMO plan versus no dental insurance coverage.



Network only coverage*

Coverage with no deductibles or waiting periods**



* There are no out-of-network benefits with a DHMO plan except in the case of emergencies. For residents of MN and OK coverage is available out-of-network. See the last slide for details.

** Your plan may include a fixed copay or coinsurance for specialty care. **Plan exclusions and limitations apply. Please refer to Appendix A for further information on exclusions and limitations.** Please review your Patient Charge Schedule and Benefit Summary for details.

So easy to use

DHMO

**Network-
only
coverage***



Dentist access



Clear costs



No paperwork



Service

Convenient for you. More than 91% of our customers in U.S. cities and suburbs live within 10 miles of two Cigna DHMO network dental offices!** You can find a Cigna DHMO network dentist online at **Cigna.com**.

Know your costs up front. The Patient Charge Schedule (PCS) shows exactly what you will pay for covered procedures – even at dental specialist offices.

We make it easy. No deductibles, annual dollar maximums or claim forms. You don't need an ID card to receive care. You don't need a referral to visit a Cigna DHMO network orthodontist.

You can count on us. Call us 24/7 at 1.800.997.1617 to change your network general dentist or for help with your plan.

* There are no out-of-network benefits with a DHMO plan except in the case of emergencies.
For residents of MN and OK coverage is available out-of-network. See the last slide for details.

** Cigna Internal Analysis as of March, 2015



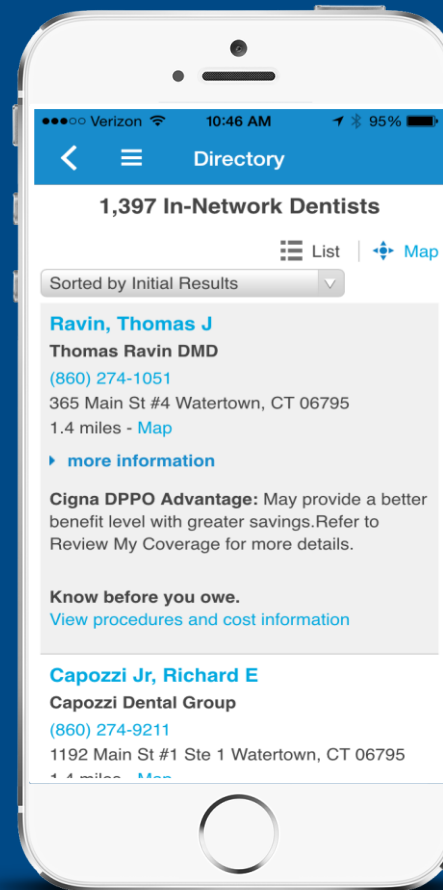
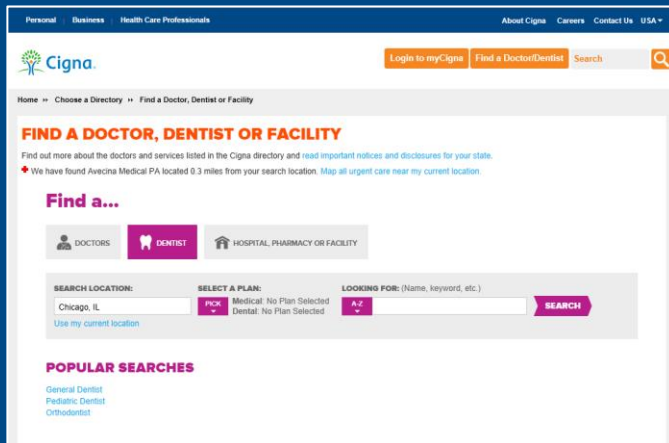
So easy to use

Choose your network general dentist

DHMO

Network-
only
coverage*

- Search online at **Cigna.com** (prior to enrollment) - (or **myCigna.com** or the **myCigna Mobile App** once you've enrolled)
- Or call **1.800.997.1617** to speak with us. We're happy to help
- You can change your network dentist anytime on **myCigna.com** or by phone at **1.800.997.1617**
- Out-of-network coverage is not available*



*There are no out-of-network benefits with a DHMO plan except in the case of emergencies.
For residents of OK and MN coverage is available out-of-network. See the last slide for details.

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MORE THAN BENEFITS –
the information you need



More than just dental benefits



24/7
Dental
information line



Healthy
Rewards[®]



Identity theft
resolution
services*
(For DHMO only)

*Cigna's identity theft services are provided under a contract with Europ Assistance USA. Full terms are contained in Cigna's Identity Theft Program service agreement. **This program is NOT insurance and does not provide reimbursement for financial losses.**

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Helping you stay healthy

Cigna Healthy Rewards^{®*}

Discounts on a full range of health and wellness programs and services



- Eye care – exams, frames and lenses, laser vision correction
- Weight management – Jenny Craig[®]
- Smoking cessation programs
- Hearing care
- Fitness club memberships
- Alternative medicine – acupuncture, chiropractic care, massage therapy
- Mind/body – positive mental visualization and relaxation techniques to help you to lose weight, reduce stress, quit smoking, reduce pain, prepare for surgery or even cope with chronic illness

*Healthy Rewards is a discount program and is separate from your dental benefits. If your plan includes coverage for any of the services offered through Healthy Rewards, this program is in addition to, not instead of, your plan benefits. Some Healthy Rewards programs are not available in all states and may be discontinued at any time.
A discount program is NOT insurance, and you must pay the entire discounted charge.



HELPFUL RESOURCES – the information you need



Reach us by phone

Toll-free customer service – 1.800.997.1617



Talk with a live
customer service
representative
24/7/365



Find a
dental office,
24 hours a day,
7 days a week



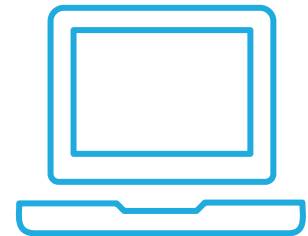
Check your
eligibility

Find info online

Prior to enrollment, go to www.Cigna.com

After you enroll, register at myCigna.com

- Review your personal plan information
- Find network dentists
- Print temporary ID cards
- Download Cigna Dental Oral Health Integration Program® reimbursement forms
- View claim status
- View year-to-date dental costs
- Change your DHMO dental office*
- Estimate approximate costs prior to actual treatment, based on plan information and individual dentist's contracted fees
- Take oral health assessments that you can print and share with your dentist
- Read dental health articles and view videos from WebMD®
- Healthy Rewards®** discount information



* Changes made by the 15th day of the month are effective the first day of the following month.

** Healthy Rewards is a discount program and is separate from your dental benefits. If your plan includes coverage for any of the services offered through Healthy Rewards, this program is in addition to, not instead of, your plan benefits. Some Healthy Rewards programs are not available in all states and may be discontinued at any time. **A discount program is NOT insurance, and you must pay the entire discounted charge.**

Online oral health assessments

Cavity Risk Assessment and Periodontal (Gum) Disease Risk Assessment

Cavity Risk Assessment

please print this page and share it with your dentist at your next dental check-up



Patient Name: Age: Date: Score:

Low Risk -10 to 0	Low to Moderate 1 to 5	Moderate Risk 6 to 10	High Risk 11 or greater
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How often do you visit your dentist ?

Regular dental visits allow the dentist to help prevent and/or treat tooth decay at an earlier stage

How often do you brush your teeth each day ?

Frequent tooth brushing is an important part of protecting your teeth from cavities. The American Dental Association suggests brushing your teeth twice a day with fluoride toothpaste³

How often do you floss between your teeth ?

Use of dental floss or other special types of cleaners between your teeth also helps to prevent tooth decay. It is recommended that you floss at least once a day.

Do you use fluoride toothpaste ?

Using toothpaste that contains fluoride helps to reduce the risk for cavities.

Periodontal (Gum) Disease Risk Assessment

please print this page and share it with your dentist at your next dental check-up



Patient Name: Age: Date: Score:

Low Risk -5 to 0	Low to Moderate Risk 1 to 6	Moderate Risk 7 to 11	High Risk 12 or greater
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How old are you?

As we age, the risk of gum disease may increase steadily.

Do you smoke or use any tobacco products?

Studies show that using tobacco products may be a significant factor for gum disease.

Do you have diabetes?

There is a direct relationship between diabetes and gum disease. Individuals who have diabetes are at greater risk for infections, including gum disease.

If yes, how is your diabetes controlled?

The severity of your diabetes may increase the risk of gum disease. If your diabetes is controlled, it is easier to maintain healthy gums.

Do you have a family history (parents or siblings) of diabetes?

Diabetes has been shown to run in families. If someone in your family has diabetes, you may be at greater risk for diabetes and gum disease.

Cavities and gum disease are preventable and treatable

- Take these short quizzes to determine your risk for cavities or gum disease
- Print your results and share them with your dentist
- Available in English and Spanish

Available in the dental coverage section at myCigna.com

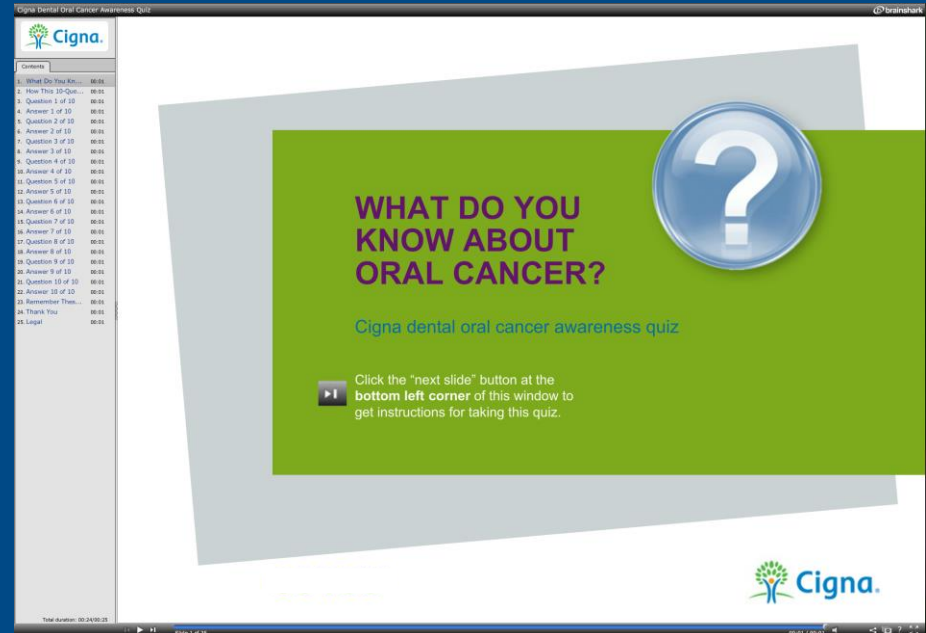
These tools are for informational purposes only. It is important to visit your dentist on a regular basis and discuss your oral health. Always consult with your doctor or dentist for appropriate examinations, treatment, testing and care recommendations.

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Your online oral health assessments

- Ten-question quiz designed to test your knowledge about the basics of oral cancer.
 - Where it can occur
 - Warning signs
 - Common risk factors
 - What you can do to help reduce your risk
- Available in English and Spanish



Available in the dental coverage section at myCigna.com



Estimate your dental care costs

- Convenient, online access to estimate dental care costs
- Helps you to plan and budget
- Specific to your plan information, average area charges for treatment bundles and individual dentist's contracted fees for a single procedure

This one small screen provides all of the information that our customers need to know about the cost of their upcoming dental care:

Root Canal-Therapy-Back Tooth

[BACK TO SEARCH RESULTS](#) [Start Over](#)

Your Pick	\$72.30 Your Cost	Your Savings	\$320.20 For staying in-network	\$1,197.70 For being insured
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For: GUEST
General Dentist: Khan, Hammad A.

Estimated Out-of-Pocket Cost **\$72.30**

Total Cost Breakdown

Covered	\$498.00
Total cost before applying coverage	\$498.00

Your Coverage: Who Pays?

Plan Pays Plan pays 90.00% of the covered amount once your deductible is met (up to the covered maximum(s) allowed by your plan). Annual maximum remaining: \$2,000.00	\$425.70
Deductible - You Pay Deductible: \$25.00 (met: \$0.00 Remaining: \$25.00)	\$25.00
Coinurance You pay 10.00% after your deductible is met.	\$47.30
Estimated out-of-pocket cost	\$72.30

Here is how much money you save by having Cigna insurance, and by staying in-network

Here is the estimate of what you will owe for this service.

Here is the total cost of the procedure, and the costs when your benefits are applied (using today's deductible remaining balance from your account).

These examples are provided for illustrative purposes only. The Treatment Cost Estimator is for informational purposes and provides rough calculations only, based on the treatment or procedure you choose. It does NOT guarantee the exact amount of your out-of-pocket costs and it does NOT guarantee coverage for any treatment or procedure or any dental benefit plan payment. Your actual out-of-pocket cost for dental care will depend on the specific terms of your dental benefit plan.



Easy access for on-the-go you

Cigna Mobile

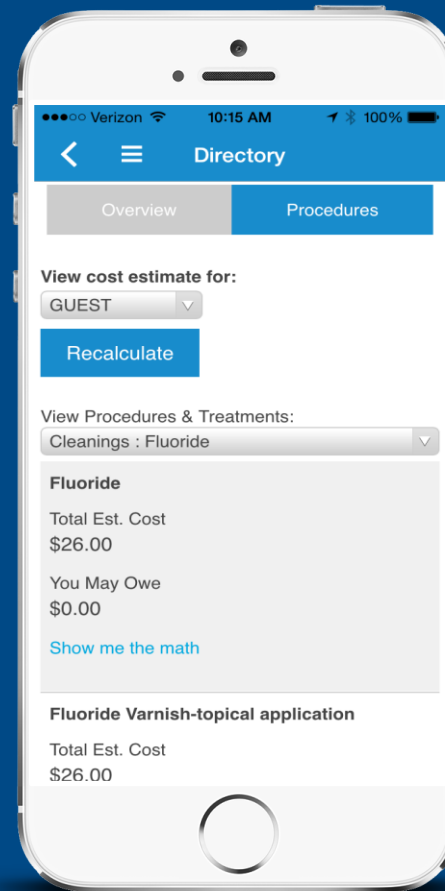
Personalized
health information.

Helpful, easy
and anywhere.

Find a dentist

Check costs

View ID card info



The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Your carrier's standard mobile phone and data usage charges apply.

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HOW TO ENROLL – get ready to smile



Q&A – what you want to know



Appendix A

DHMO Exclusions and Limitations for 07, 08 and 09 series PCS. In most states, individuals must receive nonemergency services through their network general dentist for coverage to apply.* Prior authorization may be required for certain specialty care treatments. Only those procedures that are medically necessary and listed on the plan's Patient Charge Schedule (PCS) are covered. The frequency limitations of certain other covered services are set forth in the PCS. The following are excluded from coverage unless otherwise listed on the PCS or required by law: (a) experimental and cosmetic dentistry; (b) treatments or surgery if associated with a poor or hopeless diagnosis; (c) re-cementation of crowns, inlays and onlays, post and cores, and veneers within 180 days of initial placement; (d) crowns, bridges and implant supported prosthesis used solely for splinting; and (e) work already in progress for crowns, bridges, dentures, root canal treatment, or implant supported prosthesis when listed on the PCS. This is not an exhaustive list; a complete list of your plan's terms, including exclusions and limitations, is set forth in the applicable plan documents.

DPPO Benefit Exclusions (by way of example but not limited to):

- Services performed primarily for cosmetic reasons
- Replacement of a lost or stolen appliance
- Replacement of a bridge or denture within five years following the date of its original installation
- Replacement of a bridge or denture which can be made useable according to accepted dental standards
- Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion
- Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars
- Bite registrations; precision or semi-precision attachments; splinting
- Surgical implant of any type
- Instruction for plaque control, oral hygiene and diet
- Dental services that do not meet common dental standards
- Services that are deemed to be medical services
- Services and supplies received from a hospital
- Charges which the person is not legally required to pay
- Charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service
- Experimental or investigational procedures and treatments
- Any injury resulting from, or in the course of, any employment for wage or profit
- Any sickness covered under any workers' compensation or similar law
- Charges in excess of the reasonable and customary allowances
- To the extent that payment is unlawful where the person resides when the expenses are incurred;
- Procedures performed by a Dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents);
- For charges which would not have been made if the person had no insurance;
- For charges for unnecessary care, treatment or surgery;
- To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
- To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law. Connecticut General Life Insurance Company will take into account any adjustment option chosen under such part by you or any one of your Dependents.
- In addition, these benefits will be reduced so that the total payment will not be more than 100% of the charge made for the Dental Service if benefits are provided for that service under this plan and any medical expense plan or prepaid treatment program sponsored or made available by your Employer.



*There are no out-of-network benefits with a DHMO plan except in the case of emergencies. For residents of MN and OK coverage is available out-of-network. See the last slide for details.

**** Minnesota Residents:** When enrolling in a DHMO plan, you must visit your selected network dentist in order for the charges on the Patient Charge Schedule to apply. You may also visit other dentists that participate in our network or you may visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We will pay 50% of the value of your network benefit for those services. You'll pay less if you visit your selected Cigna Dental Care network dentist. Call Customer Service for more information.

**** Oklahoma Residents:** DHMO for Oklahoma is an Employer Group Pre-Paid Dental Plan. You may also visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We pay non-network dentists the same amount we'd pay network dentists for covered services. You'll pay less if you visit a network dentist in the Cigna Dental Care network. Call Customer Service for more information.

Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna. The information in this presentation summarizes the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's plan booklet, evidence of coverage, insurance certificate, or summary plan description – the official plan documents. If there are any differences between the information in this presentation and the plan documents, the information in the plan documents takes precedence.

"Cigna," the "Tree of Life" logo, "Cigna Dental Care," "Cigna Dental Oral Health Integration Program," "Healthy Rewards" and "Cigna Flex Advantage" are registered service marks, and "Together, all the way>" is a service mark, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company (CGLIC), Cigna HealthCare of Connecticut, Inc., and Cigna Dental Health, Inc. and its subsidiaries. Cigna Dental PPO plans are underwritten or administered by CHLIC or CGLIC, with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. In Arizona and Louisiana, the insured Dental PPO plan offered by CGLIC is known as the "CG Dental PPO". In Texas, the insured dental product is referred to as the Cigna Dental Choice Plan. Cigna Dental Care (DHMO) plans are underwritten or administered by Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., **a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes**, Cigna Dental Health of Kansas, Inc. (Kansas and Nebraska), Cigna Dental Health of Kentucky, Inc. (Kentucky and Illinois), Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. In other states, Cigna Dental Care plans are underwritten by CHLIC, CGLIC, or Cigna HealthCare of Connecticut, Inc. and administered by Cigna Dental Health, Inc. All models are used for illustrative purposes only. DHMO and DPPO/Traditional insurance coverage is set forth on the following policy form numbers, respectively: AR: HP-POL120, HP-POL77; CA: CAPB09, CAVP/A09, or 91994D3, & HP-POL57; CO: PB09 & HP-POL78; CT: PB09CT & HP-POL58; DE: PB09 & HP-POL79; FL: PB09 & HP-POL60; ID: HP-POL82 (PPO/Traditional); IL: CG-CDC-ILL-POLICY & HP-POL62; KS: PB09 & HP-POL84; LA: HP-POL118 & HP-POL86; MA: HP-POL134 & HP-POL63; MI: HP-POL179 & HP-POL88; MO: PB09MO & HP-POL65; MS: HP-POL117 & HP-POL90; NC: PB08 (PB09 pending) & HP-POL96; NE: PB09 & HP-POL92; NH: HP-POL94 (PPO/Traditional); NM: HP-POL95 (PPO/Traditional); NV: HP-POL132 & HP-POL93; NY: HP-POL130 & HP-POL67; OH: PB09 & HP-POL98; OK: GM6000 DEN201V1 (CGLIC), HP-POL115 (CHLIC) & GM6000 ELI288 et al (CGLIC), HP-POL99 (CHLIC); OR: HP-POL121 04-10 & HP-POL68; PA: PB09 & HP-POL100; RI: HP-POL101 (PPO/Traditional); SC: HP-POL128 & HP-POL102; SD: HP-POL103 (PPO/Traditional); TN: HP-POL134 & HP-POL60; TX: PB09TX & HP-POL70 (Cigna Dental Choice/Traditional); UT: HP-POL129 & HP-POL104; VA: PB09 & HP-POL72; VT: HP-POL71 (PPO/Traditional); WA: WAPOL05/11 & WAPOL-07/08; WI: HP-POL122 & HP-POL107; WV: HP-POL106 (PPO/Traditional); and WY: HP-POL108 (PPO/Traditional).

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